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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">09/435,504</td> </tr> <tr> <td>Filing Date</td> <td>11/06/1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Dennis S. Fernandez</td> </tr> <tr> <td>Art Unit</td> <td>3626</td> </tr> <tr> <td>Examiner Name</td> <td>Morgan, Robert W.</td> </tr> <tr> <td>Total Number of Pages in This Submission</td> <td style="text-align: right;">Attorney Docket Number</td> </tr> </table>	Application Number	09/435,504	Filing Date	11/06/1999	First Named Inventor	Dennis S. Fernandez	Art Unit	3626	Examiner Name	Morgan, Robert W.	Total Number of Pages in This Submission	Attorney Docket Number
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<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Form SB08A with 13 reference(s) Copies of 4 foreign patents
<b>Remarks</b> If Applicant has inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to Deposit Account No.: 500482.		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Fernandez & Associates, LLP		
Signature	/Dennis S. Fernandez/		
Printed name	Dennis S. Fernandez		
Date	8/13/2009	Reg. No.	34,160

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